

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px;">09811584</div>	FILING DATE <div style="border: 1px solid black; padding: 2px;">03-20-01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓		↓		↓			↓		↓		↓
TOTAL DEP.	15	↓		↓		↓			↓		↓		↓
TOTAL CLAIMS	18												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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